Wyoming Prevention Framework Community Grant Report

	Attachment B				
	This report is for this time period				Please email this report as an attachment to Substance Abuse & Mental Health Services Division.
	May 1 - September 30, 2007				Wyo Dept. of Health lisa.laake@health.wyo.gov
	Todayla Data				For information call 1-800-535-4006
	Today's Date County				or 307-777-6494
	Contract Organization Name]
					-
	Your Name				Please keep both a hard-copy and file copy for your
	Your Mailing Address				records
	City, State, Zip				
	Your Work Phone Number				
	Fax Your Work Email Address				
	Tour Work Email Address				
			Percent Completed (or notes on amount	Date	
m	Contract Deliverables	Date due	completed)	Completed	Comments or Notes
	Staff, Board of Directors, Volunteers, Work				
	Assignments, and Technical Assistance SPF Staff Hired (report name, percent of time,			ı	T
1	email address, phone number)	1-Feb-07			
	Supervise SPF staff/staff evaluation (note dates				
2	and any notes)				
3	Name, title, and phone number of the staff's supervisor				
	Criminal history record compliance (briefly note				
	yes or no if any action was taken this quarterdo				
	not report names) Staff training and paid travel				
5	(list all training paid under the contract, dates,				
	traveler name, amount)				
_	Notify the Division of any board of				
ь	directors/staffing changes				
7	Other Contract Work Agreements (report details)				
	Complete agreement with SPF-TAC				
9	Other				
	Needs Assessment Activities				
		Feb or March			
1	Needs Assessment Training/Winter 07 Meeting	2007			
2	Needs Assessment Instrument Received	Feb or March 2007			
3	Data Collection				
-	Data Analysis				
	Needs Assessment Sent to SAD	1-Jun-07			
	Receive SAD Comments @ Needs Assessment	15-Jun-07			
	Revise Needs Assess/Submit Final				
8	Other				
			Percent	Date	
m	Contract Deliverables	Date due	Completed	Completed	Comments or Notes
	Community Infrastructure Activities			T	
1	Community Advisory Council Activities briefly list CAC activities				
2	Community Advisory Council Meetings				
	List dates & number of people who attended See below for membership report				
	7 7				
3	Budget and Funding Approved by CAC (attach minutes)				
	Community Resource Assessment				
4	note date and attach report				
5	Present Findings/Process to Community	1		1	

	(Optional) local SAPST and/or CADCA Training for			
6	SAC/Community			
	Briefly describe how the community was involved			
7	in the SPF process during this reporting period			
8	Other CAC/Infrastructure			
D	Strategic Planning Activity			
	Attend Strategic Planning Training	Jul-07		
	Receive Strategic Planning Materials from SAD			
	Research Evidence Based Strategies			
	Match Strategies to Data/Needs			
	Write Strategic Plan			
	Submit Strategic Plan to SAD			
	Receive SAD Comments/Revise/Final Plan	31-Aug-07	•	
	Other		•	

Item F	Contract Deliverables Implementation (only with SAD approval)	Date due	Percent Completed	Date Completed	Comments or Notes
	impromentation (only with one approval)				

F Deliverables and Assurances

ports	

	Reports				
	For February 1 - April 30		-	•	
1	May 15: Submit this report to SAD	15-May-07			
2	May 15: Submit Expenditure Report to SAD	15-May-07			
	For February 1 - June 30				
3	July 31: Submit CLI to SAMHSA	31-Jul-07			
-	For May 1 - June 30				
4	July 31: Submit Expenditure Report to SAD	31-Jul-07			
	5 M (0) () 00				
	For May 1 - September 30				
5	October 15: Submit this report o SAD	15-Oct-07			
	For July 1 - September 30				
6	October 15: Submit Expenditure Report to SAD	15-Oct-07			
7	Complete evaluation agreement with WySAC	30-Mar-07			
	Provide any other evaluation information	30 Wai 07			
	Submit any requested data				
	Obtain Chapter 16 Prevention Certification				
	On-Site evaluations or reviews				
	Post 2 newspaper ads/articles about the SPF grant				
12	(attach copy)				

			Percent	Date	
Item	Contract Deliverables	Date due	Completed	Completed	Comments or Notes
G	Other Information	Dute due	Completed	Completed	Commonto di Notos
<u> </u>	Briefly describe any actions taken by the LEAD				
	AGENCY (fiscal agency) board of directors or high				
- 1	level staff around the SPF SIG grant				
_	Restricted activities (report any approval				
2	requested and received for these)				
	fairs/brochures/educational materials				
	media				
	Please note any significant changes from the				
3	budget submitted in the application.				
	What was the one greatest accomplishment this				
	reporting period? How was this accomplishment				
4	shared with the community?				
	What was the one greatest barrier this reporting				
5	period? What was done to address this barrier?				
	Please briefly list any significant changes or				
6	information related to this grant				
	Please provide input and recommendations about				
ĺ	technical assistance provided by SAD and SAD				
7	contractors				

COMMUNITY ADVISORY COUNCIL

	COMMUNITY ADVISORY COUNCIL				
	Member's Name	Date first joined	Number of meetings attended (total to date)	Please note if this is a representative of the sectors listed on page 6 of the application instructions.	Agency or Constituency Represented
\vdash					
\vdash					
\vdash					
-					
—					
—					
-					
-					
—					